

<p>In accordance with Connecticut General Statutes, 31-53          Certified Payrolls with a statement of compliance          shall be submitted monthly to the contracting agency.</p>	<p><b>PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS</b></p> <p><b>WEEKLY PAYROLL</b></p>	<p>Connecticut Department of Labor          Wage and Workplace Standards Division          200 Folly Brook Blvd.          Wethersfield, CT 06109</p>
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CONTRACTOR NAME AND ADDRESS:			SUBCONTRACTOR NAME & ADDRESS	WORKER'S COMPENSATION INSURANCE CARRIER
PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS		POLICY #  EFFECTIVE DATE: EXPIRATION DATE:

CONTRACTOR NAME AND ADDRESS:			SUBCONTRACTOR NAME & ADDRESS	WORKER'S COMPENSATION INSURANCE CARRIER
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PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS		POLICY #  EFFECTIVE DATE: EXPIRATION DATE:

EMPLOYEE NAME AND ADDRESS	APPR RATE %	M/F AND RACE*	WORK CLASSIFICATION	DAY AND DATE							S-TIME	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY
				S	M	T	W	TH	F	S					FICA	FEDERAL WITH- HOLDING	STATE WITH- HOLDING	OTHER		
				TRADE LICENSES TYPE & NUMBER																
											HOURS WORKED EACH DAY									
												\$	1. \$							
												Base Rate	2. \$							
													3. \$							
												\$	4. \$							
												Cash Fringe	5. \$							
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##### \*IF REQUIRED  
**WWS-CP1** \*SEE REVERSE SIDE PAGE NUMBER \_\_\_\_ OF \_\_\_\_

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**\*Fringe Benefits Explanation (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker’s compensation, income taxes, etc.)

Please specify the type of benefits provided:

- 1) Medical or hospital care \_\_\_\_\_
- 2) Pension or retirement \_\_\_\_\_
- 3) Life Insurance \_\_\_\_\_
- 4) Disability \_\_\_\_\_
- 5) Vacation, holiday \_\_\_\_\_
- 6) Other (please specify) \_\_\_\_\_

**CERTIFIED STATEMENT OF COMPLIANCE**

For the week ending date of \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_ (hereafter known as  
Employer) in my capacity as \_\_\_\_\_ (title) do hereby certify and state:

All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statute Section 31-57f. Further, I hereby certify and state the following:

- A) The records submitted are true and accurate;
- B) The rate of wages paid to each employee is not less than the standard rate of wages as determined by the Labor Commissioner pursuant to section (e);
- C) The Employer has complied with all of the provisions of Section 1, and

D) The employer is aware that filing a certified payroll which it knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

Submitted on \_\_\_\_\_  
(Date) (Signature)

\_\_\_\_\_  
(Title)

**\*\*\*THIS IS A PUBLIC DOCUMENT\*\*\***  
**\*\*\*DO NOT INCLUDE SOCIAL SECURITY NUMBERS\*\*\***

Weekly Payroll Certification For Public Works Projects (Continued)				PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS										Week-Ending Date: Contractor or Subcontractor Business Name:						
WEEKLY PAYROLL																				
Employee Name and Address	APPR RATE  %	MALE/ FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE							S-TIME	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY
				S	M	T	W	TH	F	S					FICA	FEDERAL	STATE	OTHER		
			TRADE LICENSES TYPE & NUMBER										TOTAL FRINGE BENEFIT PLAN CASH							
			HOURS WORKED EACH DAY							O-TIME										
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4/11/2002  
WWS-CP2

\*IF REQUIRED  
NOTICE: THIS PAGE MUST BE ACCOMPANIED BY A COVER PAGE (FORM # WWS-CPI1)

PAGE NUMBER \_\_\_\_ OF